

13 OCT 1955

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FLINTSHIRE
EDUCATION COMMITTEE



REPORT
on the work of the
FLINTSHIRE
School Health Service
in relation to the year
1954

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FLINTSHIRE EDUCATION COMMITTEE.

County Health Offices,
MOLD,

The Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen.

During 1954, my first year as Principal School Medical Officer for the County, I spent a considerable time acquainting myself with every aspect of the School Health Service. This included visits to schools and clinics associated with the Service, also visits to hospitals, discussions with general practitioners and consultants.

I took this step so that I could appraise the present service and be in a better position to develop the Service, and deal with the many medical and administrative problems that arise.

Additional clinic sessions were made available at Holywell, Mold, Rhyl and Shotton following the appointment of Mr. Lyons as Ophthalmic Consultant to the Clwyd and Deeside Hospital Management Committee. Mr. Shuttleworth had attended all Ophthalmic Clinics for School Children prior to this and has given excellent service. Mr. Shuttleworth continues to be responsible for Clinics at Mold and Shotton. It is gratifying to record that the number of children awaiting to see Ophthalmic Consultants is already much reduced as a result of the additional Clinics.

During the year a determined effort was made to get a full and complete record of all handicapped pupils. This is a difficult task and one that will take some time to complete. Not only is it necessary to get details of each handicapped pupil from the School Medical Officer, School Nurse or Teacher, but with most of these pupils special clinical and other investigations are required to get accurate information on the type and degree of the handicap. In this field Dr. E. Pearse, the Senior School Medical Officer, has done excellent work and she is still working to try and get a full record of the handicapped pupils in the County.

School Clinics (Minor Ailments Clinics) were held each week at ten centres. The number of school children attending has fallen in the last few years but it is hoped to make fuller use of these clinics in the future. These clinics could relieve General Practitioners of much work by undertaking the treatment of minor ailments and the follow-up of certain defects common in school children.

I would like to emphasise that the work of the School Health Service entails a great deal more than medical examination of pupils of certain

age groups. Health Visitors pay regular visits to schools and examine children for cleanliness, they also visit the homes when treatment has been advised, or when children are absent due to infectious illness.

School Medical Officers examine children at clinics, and when necessary keep them under observation during treatment. They also examine handicapped pupils, school leavers for employment, teachers and student teachers, canteen staff, and are always ready to advise the teaching staff on any health problems at schools.

As already mentioned the School Dental Staff endeavour to raise the standard of dental health—a factor which has a direct bearing on the general health of the child.

Regular inspections of school premises are made and the County Sanitary Inspector visits and advises canteen staff on problems relating to clean food production.

Also a great deal of health education is done both at schools and outside.

The work of the department was made easier by the valuable co-operation of the Director of Education and his staff and the ready help received from members of the teaching profession in the County.

Dr. B. E. Davies resigned in October 1954, and Dr. G. F. Devey commenced duties as School Medical Officer in the same month.

Mr. A. Fielding commenced duties as Principal School Dental Officer in October, and at the same time Mr. N. A. James who had been employed as part-time Dental Officer was appointed to the permanent staff. Mr. James, however, did not begin full-time service until 1st January, 1955. At the end of the year there were two full-time Dental Officers and three part-time.

I would like to thank the Medical, Nursing and Clerical Staff of the School Health Section for their hard work and loyal co-operation. In particular to thank Mr. W. I. Roberts, Chief Clerk, Health Department, and Mr. A. Whitley, Clerk-in-charge, School Health Section, for their help in the preparation of this annual report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS,

Principal School Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

Principal School Medical Officer

(also **County Medical Officer of Health**) :

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H. (since 8.6.54)

Deputy County Medical Officer :

Vacant.

Senior Medical Officer :

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

Assistant Medical Officers (full-time) :

W. E. Denbow, M.R.C.S., L.R.C.P., D.P.H., B.Sc.

Betsy E. Davies, M.B., Ch.B. (Resigned 31.10.54).

G. F. Devey, M.B., Ch.B. (since 1.10.54).

(Dr. Ailsa Partridge was engaged on a **part-time** sessional basis).

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.

R. Rhydwen, M.B., B.S., D.P.H.

D. J. Fraser, M.B., Ch.B., D.P.H.

Principal School Dental Officer (Full-time) :

A. Fielding, L.D.S., R.C.S. (since 4.10.54).

Dental Officer (Full-time) :

Leslie Hanson, L.D.S.

Dental Officers (Part-time—Temporary Sessional) :

W. B. Glyn Jones, L.D.S.

Nathaniel A. James, L.D.S., R.C.S. (Eng.).

John Stuart Selwyn, L.D.S.

Speech Therapist :

Miss R. E. Ritson, L.C.S.T. (Part-time).

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.

School Nurses (acting jointly as School Nurses and Health Visitors. All State Registered Nurses and State Certified Midwives, and Health Visitor's Certificate [with one exception*] or other qualification) :

Mrs. M. E. Hawkins

Miss M. J. Hughes

Miss J. M. Jewell

Miss Ellen Jones

Miss G. Jones

Miss P. M. Matthews

Miss A. Capper

Miss G. Jenkins

*Mrs. A. E. Williams,
S.R.N., S.R.F.N.

Miss L. Oliver

Mrs. M. E. Pearse

Miss O. M. Pierce

Mrs. E. G. E. Rees

Mrs. J. Thomas

Mrs. D. Thompson

Miss J. B. Edwards
(Resigned 31.12.54)

Tuberculosis Visitors :

Miss M. M. D. Evans.

Miss M. E. Owen, S.R.N.

Dental Attendants :

Mrs. L. M. Martin ; Mrs. D. Young ; Mrs. Ann Williams.

Chief Clerk :

William Ithel Roberts.

Departmental Senior Clerk :

Arthur Whitley.

B.—ASSOCIATED OFFICERS.

Clerk of the County Council :

Mr. W. Hugh Jones.

Secretary of the Education Committee :

B. Haydn Williams, B.Sc., Ph.D.

County Architect :

Mr. W. Griffiths, L.R.I.B.A.

County Treasurer :

Mr. R. J. Jones.

Physical Training Organisers :

Mr. Bertram W. Clarke.

Miss Sarah Storey-Jones.

School Meals Manager :

Mr. E. Parry.

C.—HEADQUARTERS.

County Health Offices, Llwynegrin, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—

Statutory Acres	...	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	...	255.7

Population of County—

1951 Census	...	...	...	...	...	...	145,108
1954 Mid-year Estimate	...	...	...	...	...	...	145,800

Number of Schools—

Nursery	...	...	...	...	...	...	1
Primary : County 49 ; Voluntary 55 ; Total	...	...	...	...	...	...	104
Secondary Modern	...	...	...	...	...	...	10
Secondary Grammar	5

School Child Population—

On School Registers (1954)	23,619
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Financial Circumstances of County—

Estimated Product of a Penny Rate—Year 1954-55	£3,650
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Number of Flintshire Live Births—

Year 1954	2,215
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Number of Flintshire Deaths (1954)—

Infantile	48
General	1,727

Medical Officers—

For County Health and School Medical Services combined	*7
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School Dental Surgeons—

Full-time Officers	†2
Part-time—Temporary (Sessional)	3

School Nurses—

Serving half-time also as Health Visitors	16
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School Dental Attendants—

Full-time	3
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Clinical Establishments (within the County)—

Child Guidance	1
Dental (For School Children)	5
Minor Ailments (for School Children)	...	...	...	...	...	...	10
Ophthalmic (for School Children)	...	...	...	...	...	...	4
Orthopædic After-care (for Patients of all ages)	...	...	...	...	...	...	3
Chest (Welsh Regional Hospital Board)	...	...	...	...	...	...	3
Orthoptic (Hospital Management Committee)	...	...	...	...	...	...	1
Speech Therapy	...	...	...	...	...	...	3

(Since 20th July, 1954, the Speech Therapist has held one session per week in the Maelor District).

* Equivalent of 5½ whole-time officers, as 3 are also Medical Officers of Health for Grouped County Districts. The post of Deputy Medical Officer was vacant.

† Includes Principal Dental Officer who commenced duty 4.10.54. There were at the end of the year two vacancies.

E.—FLINTSHIRE CLINICS

(Situations, Opening Hours, Etc.)

MINOR AILMENT CLINICS.

- Buckley—Welsh C.M. Chapel. Every Tuesday, 2 to 4-30 p.m. Doctor attends every opening.
- Caergwrle—Wesleyan Chapel Schoolrooms. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays of month.
- Flint—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Holywell—Grammar School Grounds. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Prestatyn—King's Avenue. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Rhyl—Old Emmanuel School. Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Saltney—The Clinic. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Shotton—The Clinic, Secondary Modern School. Every Thursday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- St. Asaph—Ebenezer Chapel. Every Thursday, 1-30 to 2-30 p.m. Doctor attends 2nd and 4th Thursdays.
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ORTHOPÆDIC AFTER-CARE CLINICS.

(The days shown below are those on which these Clinics are **at present** operating. Previously the Orthopædic After-care Clinics all operated on a Friday).

- Holywell—Cottage Hospital. 2nd and 4th Fridays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.
- Rhyl—Old Emmanuel School. 2nd and 4th Tuesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.
- Shotton—Secondary Modern School. 1st and 3rd Wednesdays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening; Surgeon every 4 months.

CHILD GUIDANCE.

Rhyl—Old Emmanuel School, Vale Road. Every Thursday.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.

OPHTHALMIC.

Holywell—The Clinic, Grammar School Grounds. 2nd and 4th Tuesday mornings in each month.

Mold—The Clinic, King Street. 2nd and 4th Monday mornings in each month.

Rhyl—Old Emmanuel School, Vale Road. 1st and 3rd Tuesday mornings in each month.

Shotton—The Clinic, Modern Secondary School. 1st and 3rd Monday mornings in each month.

To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment.

Since additional clinic sessions were provided in July, 1954, there has been a marked reduction in the number of children on the waiting list for Ophthalmic Consultants.

ORTHOPTIC.

Prestatyn—King's Avenue. Every Monday, afternoon only ; and every Thursday, morning and afternoon.

Many children from the Eastern half of the County are seen by the Orthoptist at Chester Royal Infirmary.

CHEST CLINICS.

Holywell—Cottage Hospital. Every Tuesday, 9-30 a.m.

Queensferry—Oaklands. Every Wednesday, 9 a.m.

Every Friday, 9 a.m. (for contacts).

Rhyl—27 Edward Henry Street. Every Friday, 9 a.m.

SPEECH THERAPY.

Mold—The Clinic, King Street. Every Tuesday (morning and afternoon) by appointment only.

Prestatyn—The Clinic, King's Avenue. Every Wednesday (morning and afternoon) by appointment only.

Shotton—The Clinic, Modern Secondary School. Every Thursday morning (since February, 1954) by appointment only.

Maelor District—Talwrn Green School. Every Tuesday afternoon.

Section 2.

A.—STAFF.

(1) **Medical.**—Dr. G. Wyn Roberts, County Medical Officer and Principal School Medical Officer commenced duty on the 8th June, 1954. Dr. Betsy Davies resigned on the 30th October, 1954, and Dr. G. F. Devey commenced duty on the 1st October, 1954.

(2) **Dental.**—Mr. A. Fielding commenced duty as Principal School Dental Officer on the 4th October, 1954.

Mr. N. A. James who has been engaged as a part-time Dental Officer throughout the year was appointed full-time Dental Officer as from 1st January, 1955.

The Authority has an establishment of six Dental Officers, but at the end of 1954 only 2 full-time dental officers were in the employ of the Authority.

The vacant posts have been advertised on several occasions, but in common with other authorities, have not attracted applicants.

During 1954 the three part-time dental officers appointed in 1953 continued to give good service and co-operated well with the department.

Greater emphasis has recently been paid to the dental fitness of school children, and in my opinion this can only be achieved by a full complement of full-time dental officers employed by the Authority for this work.

If the full establishment of dental officers (six) could be recruited, dental service could also be offered to the other two priority groups, expectant mothers and children under five years.

(3) **Speech Therapy.**—Miss Ritson who is employed on a part-time basis continued to develop the Service. Her work has been greatly appreciated by the parents and others and it may be possible to extend further this valuable service as there are many children still in urgent need of speech therapy.

(4) **Nursing.**—Miss J. B. Edwards resigned her appointment as Health Visitor/School Nurse on the 31st December, 1954.

B.—ADMINISTRATION.

Periodic medical examination of pupils attending the Authority's schools was carried out in accordance with the Regulations issued by the Ministry of Education as follows :—

- (a) Pupils admitted for the first time to a maintained school, as soon as possible after the date of admission.
- (b) Pupils attending a maintained primary school, during the last year of attendance at such a school.
- (c) Pupils attending a maintained secondary school, during the last year of attendance at such a school.

Pupils in group (a) may be examined at the age of 3, 4, 5 or 6 years, and according to the Regulations are not due for re-examination in group (b) until they reach the age of 10 years. Since certain defects such as visual defects and sub-normal mentality often become apparent at the age of 7 or 8 years, it has therefore been considered advisable to insert an additional intermediate examination between groups (a) and (b) at the age of 7 years, and pupils of this age group are included in Table 1 (A) below under "Pupils of other ages."

The Ministry of Education in Circular 269, dated 25th August, 1953, gave each Education Authority the right to fix the ages at which school medical examinations would be carried out in future. This matter was given careful consideration and it was decided, for the present, not to make any change in the age groups examinations in force.

Table 1 (A & B) shows : (A) the number of children of the age groups already mentioned, who were medically examined by assistant medical officers.

- (B) the number of special inspections and re-inspections by assistant medical officers, whether at school, or at school clinics. Special inspections refer to children outside the above groups who are examined at the request of the parents, the Head Teacher or the Education Authority. Re-inspections refer to children who have been previously examined at periodic medical inspections or as special cases and who were then found to be suffering from defects which either needed treatment or to be kept under observation.

C.—FINDINGS OF MEDICAL INSPECTIONS.

TABLE 1 (C).

PUPILS FOUND TO REQUIRE TREATMENT.

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Note : (1) Pupils already under treatment are included.

(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

Group (1)	For Defective Vision (Excl. Squint) (2)	For any of the other conditions recorded in Table 2 (a) (3)	Total individual pupils (4)	Percentage of children examined (Table A) (5)
Entrants	9	201	209	9.29
Second Age Group ...	62	98	156	8.25
Third Age Group ...	94	78	165	10.32
Fourth Age Group ...	42	155	193	9.02
Total (Prescribed Groups)	207	532	723	9.18

There was a slight reduction during 1954 in the number of defects found in pupils during inspection in second and third age groups.

	1953	1954
Second Age Group ...	10.80 %	8.25 %
Third Age Group ...	11.48 %	10.32 %

No figures are available for the fourth age group for 1953, but the indications are that the figure of 9.02 % shows a slight reduction.

The number of defects found in Entrants increased from 9.18 % in 1953 to 9.29 % in 1954.

The number of defects found on examination of children at school medical inspections has fallen considerably in the last eight years and this is due partly to the advent of the National Health Service and improvements in the School Health Service.

TABLE 2 (a).

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1954.

Note : (1) All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection.

(2) Uncleanliness and dental conditions are excluded.

Defect Code No.	Disease or Defect	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment	Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment
(1)	(2)	(3)	(4)	(5)	(6)
4	Skin	85	72	207	91
5	Eyes—(a) Vision ...	207	372	330	195
	(b) Squint ...	71	79	51	45
	(c) Other ...	28	31	71	29
6	Ears—(a) Hearing ...	15	42	29	42
	(b) Otitis Media ...	13	41	29	28
	(c) Other ...	11	65	23	33
7	Nose or Throat ...	152	595	186	289
8	Speech	20	42	37	48
9	Cervical Glands ...	7	166	6	58
10	Heart and Circulation ...	2	205	12	82
11	Lungs	35	190	58	133
12	Developmental—				
	(a) Hernia ...	4	16	11	14
	(b) Other ...	—	31	5	18
13	Orthopædic—				
	(a) Posture ...	7	50	8	32
	(b) Flat Foot ...	51	83	57	32
	(c) Other ...	44	153	60	72
14	Nervous System—				
	(a) Epilepsy ...	6	7	4	11
	(b) Other ...	13	40	15	28
15	Psychological—				
	(a) Development ...	1	65	5	49
	(b) Stability ...	3	31	11	35
16	Other	25	67	268	171

This Table shows the various defects found at medical inspections grouped as required by the Ministry of Education. It will be noted that it excludes Dental Defects and Infestation with Vermin. Of Defects found at Periodic (Routine) Inspections the largest groups are Defects of Vision and Defects of Ear, Nose and Throat.

It will be noted that in both categories a large number do not require treatment but require to be kept under observation to prevent deterioration of their defect. These children are kept under observation at minor ailment clinics and when necessary are visited at home by the School Nurses and advice given to parents.

It is again emphasised that the School Health Service is in the main a preventive Service, and the aim is to discover all forms of defects common in growing children at the earliest possible moment and either by simple treatment or follow-up restore the child to full health.

Children with defective vision requiring consultant opinion are referred to the special ophthalmic clinics established for school children.

The same applies to children with ear, nose or throat defects, these are referred to a Consultant at the nearest hospital, who then arranges any treatment needed, including any operation such as removal of tonsils and adenoids. Of all the children with ear, nose or throat defects discovered at routine school inspection, only 20.45 % were referred to a Consultant, the remainder were kept under observation or responded satisfactorily to simple treatment given at minor ailment clinics.

Table 2 (b) shows the general nutritional state of the pupils examined at the periodic medical inspection.

TABLE 2 (b).

GENERAL CONDITION OF THE PUPILS.

Classification of the general condition of the pupils inspected during the year in the various age groups.

Age Group	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2248	1023	45.5	1224	54.4	1	.04
Second Age Group ...	1890	921	48.7	964	51.0	5	.3
Third Age Group ...	1598	674	42.2	912	57.1	12	.7
Fourth Age Group ...	2139	850	39.7	1272	59.5	17	.8
Total	7875	3468	44.0	4372	55.5	35	.5

In assessing the general condition of a child, the school medical officer takes into consideration various factors such as colour and texture of skin, muscle tone, the amount of sub-cutaneous fat, posture, general alertness, etc., etc. In spite of this, there is bound to be some variation in the standards adopted by different medical officers. The following table compares the percentages assessed in Groups A, B and C for entrants, second age group, third age group, and fourth age group in the years 1947-1954.

Year	Entrants			2nd Age Group			3rd Age Group			4th Age Group		
	A	B	C	A	B	C	A	B	C	A	B	C
1947	61.4	36.1	2.5	62.6	34.2	3.2	53.9	41.9	4.1	77.3	21.7	1.0
1948	33.2	60.4	6.4	30.9	60.4	8.6	18.5	73.3	8.2	27.8	63.5	8.7
1949	47.2	50.2	2.6	37.4	57.6	5.0	29.0	63.6	7.4	31.9	62.5	5.6
1950	53.5	45.2	1.4	39.8	55.7	4.5	31.7	60.1	8.3	33.4	62.1	4.5
1951	35.8	61.6	2.6	33.0	63.5	3.5	40.4	56.7	2.9	25.4	72.5	2.1
1952	52.5	46.5	1.0	52.6	46.4	1.0	54.7	44.2	1.1	46.2	52.6	1.2
1953	69.5	30.1	.4	66.2	33.7	.1	63.9	35.4	.7	60.4	39.3	.3
1954	45.5	54.4	.04	48.7	51.0	.3	42.2	57.1	.7	39.7	59.5	.8

It will be noted that the nutritional state of approximately 44% of the children examined were classified in Group A (good), while only .44% were classified as "poor."

It should be noted that gradually since 1947 the percentage of children in Group "A" has fallen at all ages and the percentage in Group "B" increased.

In 1954 approximately 55% of all children examined were in Group "B" whereas in 1947 the percentage was approximately 30.

In spite of the fall in the number in Group "A" the standard of nutrition of children in the County has not fallen, in fact, it has improved. The explanation lies in the fact that in 1945 the Ministry of Education changed the categories (or groups) and stated that a normal child should be considered as Group "B" and that Group "A" was

for children of above average nutrition. Prior to that, Group "A" was normal and Group "B" those below normal or average.

The Health Visitor has played and continues to play an important role in maintaining the high standard of health of school children. The Health Visitor is in contact with the child both at home and at school and can advise the parents and teaching staff on all matters relating to the health and welfare of school children. The work is often unspectacular, but over the years the value to the rising generation of children is of inestimable value.

Infestation with Vermin.—The number of children infested with vermin in 1952 was 10.9 % of all children examined at routine cleanliness inspections conducted by Health Visitors.

Certain areas of the County were worse than others and in 1953 and 1954 strenuous efforts were made to reduce the number of infested children.

Largely due to the continued effort of Health Visitors, assisted by teachers and parents, the number of infested children has been reduced, and in 1953 the figure was 4.46 % and in 1954, 4.92 %. To reduce the number further will be difficult, although every effort will be made to do this. The children at present infested are mainly from unco-operative parents, and often one finds the whole family infested, so that as soon as a child at school is cleansed it gets re-infested from some other member of the family who has not been treated.

We are trying to overcome this difficulty of dealing with the "hard core" of infestation by giving advice to the whole family and providing, free of charge, sufficient cleansing fluid (Suleo) for the use of all members of the household.

In many cases Health Visitors have supervised or actually carried out cleansing of children.

TABLE 3.
INFESTATION WITH VERMIN.

Number of individual children examined by School Nurses ...	26,189
Total number of examinations in the schools by the School Nurses or other authorised persons	66,011
Total number of individual pupils found to be infested ...	1,289
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Vaccination against Smallpox.—Only 39.7 % of children examined at routine medical examinations showed evidence of successful vaccination against Smallpox. Although prior to 1948 exemption from vaccination had been far too easily obtainable, the National Health Service Act abolished compulsory vaccination in the hope that voluntary vaccination against Smallpox would prove to be as successful as immunisation against diphtheria. Unfortunately, this hope has not been realised as, in spite of active propaganda by doctors, midwives, and health visitors, the number of primary vaccinations has fallen below the level of the year 1950, and, in these days of rapid transit from one part of the world to another, the population at risk is far too large.

The following Table shows the number of primary vaccinations each year since 1948—figures which up to 1952 represent approximately only 25 % of the live births. The figure for 1954, however, represents 28.71 % of the live births.

1948 —	Number of primary vaccinations	...	808
1949 —	" " " "	...	397
1950 —	" " " "	...	660
1951 —	" " " "	...	796
1952 —	" " " "	...	663
1953 —	" " " "	...	663
1954 —	" " " "	...	636

Diphtheria Immunisation.—Of children of compulsory school attendance age 8612 have received a full course of immunisation against Diphtheria since 1949. In addition, 5389 children of pre-school age have also completed a full course of immunisation.

An additional 14,332 children were immunised prior to 1949 but have not been immunised since that date.

During the year 1954 the number immunised was :—

Aged 0—4 years	...	...	...	...	1,513
Aged 5—15 years	...	...	...	...	149
					<hr/> 1,662 <hr/>
Children who received re-inforcing injections					1,107

Children are immunised free of charge either by the general medical practitioner in his surgery, or by assistant medical officers at clinics and in schools.

Approximately 47.27 % children under five years have been immunised against diphtheria in the County. The Ministry of Health is particularly

anxious to keep the number of children immunised as high as possible. Their experts state that unless at least 60 % of the child population under 5 years of age is protected, there is always the risk of an outbreak of diphtheria with the well-known serious consequences.

Handicapped Pupils.—Nineteen children were ascertained to be in need of special education either in residential schools or special day schools and were classified as follows :—

Educationally sub-normal	6	Maladjusted	...	...	2
Delicate	...	...	...	...	1
Epileptic	...	...	...	...	1
Partially sighted	...	...	...	...	1
		Physically handicapped			7
		Deaf	...	...	...
					1

During the year places were found in Special Schools or Homes for three handicapped pupils (Educationally sub-normal 1, Physically Handicapped 1, Deaf 1). The total number of Handicapped Pupils who were actually receiving education in special boarding schools and homes was 31.

They were of the following categories :—

Blind and Partially Sighted	...	...	3
Deaf and Partially Deaf	...	...	10
Educationally sub-normal and maladjusted			16
Epileptic	...	...	1
Delicate and Physically Handicapped	...		1
			<hr/> 31 <hr/>

In addition, eight handicapped children were receiving education in hospitals and elsewhere.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 62 ; of this number 35 are Educationally Sub-normal, made up as follows :—

Requiring places in Special Boarding Schools	26
Requiring places in Special Day Schools	...
	9
	<hr/> 35 <hr/>

In addition to the above, 2 children were ascertained to be incapable of education in School and were reported to the local authority for the purposes of the Mental Deficiency Act, 1913.

There is a growing need for the establishment in North Wales of Residential Special Schools for certain categories of handicapped pupils and the Joint Education Committee for Wales has the matter under active consideration, particularly with regard to the Physically Handicapped Child. The number of such children in the County of Flint who require special education in a Residential School is relatively small, and it would consequently be impossible for the Authority to establish such a school on its own.

Another category of handicapped child for whom special consideration is needed is the seriously "maladjusted" child, and particularly for those cases where the home conditions are the causative factor in the maladjustment. Some of these children do not require special education in the generally accepted sense of the word, but do require to be removed from their home surroundings in order to prevent them from developing a psychosis at a later date. Their needs could be met by the provision of hostel accommodation where they would be carefully handled, and from where they could attend the ordinary elementary and secondary schools.

Every effort was made during the year to ascertain what children in the County are handicapped and in need of some special form of education either at an ordinary school or in a day or residential special school. It is only in this way that the Education Authority can make provision to meet the needs.

This work of intense ascertainment will take some time to complete, but it is quite clear that numerically the largest group is the educationally-subnormal.

The number will warrant the establishment in Flintshire of a Special School to meet the needs of this group.

The School Health Service Regulations, 1953, came into effect on the 4th August, 1953, making possible the attendance of epileptic and physically handicapped pupils at ordinary schools so long as special arrangements were made and facilities provided to enable them to overcome their particular difficulties. Under the 1945 Regulations, epileptic and physically handicapped pupils were so defined as to imply that they could not be educated in ordinary schools. Many of these pupils can and are in fact being educated in ordinary schools.

The 1953 Regulations also reduced the number of categories of handicapped pupils by dispensing with the category - Diabetic Pupils. These are henceforth to be included in the Delicate Category, the defin-

ition of which having been changed, has made it the residual category covering all handicapped pupils who do not come under the heading of one of the other handicaps.

Prevention of Tuberculosis among School Children.—In 1951 the Authority decided that all newly appointed teachers, canteen workers and others who were to be closely associated with children, should, as a condition of service, undergo a medical examination which included X-ray examination of the chest. During 1954, 105 teachers and 37 canteen workers were examined and reported on by the Medical Staff.

In addition, 73 candidates for admission to Training Colleges for Teachers were examined by the medical staff. These examinations were in consequence of Regulations of the Ministry of Education, whereby all entrants to Training Colleges for Teachers must be examined before acceptance by the School Medical Officer of the area in which they reside. This examination includes X-ray examination of the chest.

One employed teacher and one candidate for admission to Teacher's Training College were found to be suffering from pulmonary tuberculosis.

B.C.G. Vaccination.—B.C.G. vaccination against tuberculosis has only been available up to the present for the tuberculin negative contacts of known cases of tuberculosis, and it is carried out by the Chest Physician. During 1954, 147 contacts were vaccinated. The Ministry of Education has now agreed to the B.C.G. vaccination of school leavers (Circular 22/53). B.C.G. vaccination is to be offered to all tuberculin negative children during their 13th year. This is a great step forward but entails a good deal of preliminary and detailed planning before active vaccination can be done.

Up to the end of 1954 it had not been possible to put this scheme into operation in this County.

Mass Radiography.—During 1954, the Mass Radiography Unit of the Welsh Regional Hospital Board visited the County and facilities for X-ray examination of the chest were offered to members of the general public and to certain school-children. We requested the Unit to carry out the examination of children of the age of 14 years and over and the result of the findings of the Unit are shown in the following table :—

SURVEY OF SCHOOL CHILDREN (aged 14 years and over) BY MASS RADIOGRAPHY UNIT DURING 1954

School	Number of Persons Examined			Numbers found Abnormal											
	Males	Females	Total	Definite Pulmonary Tuberculosis			Needing further observation for Pulmonary Tuberculosis			Other Abnormalities			Total		
				Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Flint Modern Secondary	105	87	192	—	—	—	1	—	1	4	2	6	5	2	7
Flint R.C.	12	4	16	—	—	—	—	—	—	—	—	—	—	—	—
Hawarden Grammar	181	127	308	—	—	—	1	—	1	2	4	6	3	4	7
Holywell Grammar	287	269	556	—	—	—	5	2	7	15	14	29	18	16	34
Mold Grammar	129	121	250	—	—	—	—	—	—	2	3	5	2	3	5
Mold Modern Secondary	120	172	292	—	—	—	1	1	2	3	—	3	3	1	4
Queensferry Modern Secondary	96	78	174	—	—	—	—	—	—	4	3	7	4	3	7
Rhyl Emmanuel Modern Secondary	58	56	114	—	—	—	—	—	—	3	2	5	3	2	5
Rhyl Glyndwr Modern Secondary	72	64	136	—	—	—	—	—	—	5	3	8	5	3	8
Rhyl Grammar	149	136	285	—	—	—	—	—	—	8	6	14	8	6	14
Shotton Deeside Modern Secondary	137	126	263	—	—	—	3	1	4	3	8	11	5	9	14
St. Asaph Grammar	14	30	44	—	—	—	—	—	—	—	—	—	—	—	—
Total	1360	1270	2630	—	—	—	11	4	15	49	45	94	56	49	105

D.—TREATMENT.

Before presenting certain Tables, required by the Ministry of Education, of the number of children who received treatment for defects, it is advisable to refer to the School Clinics and some matters connected with them.

Clinic Premises.—Of the 14 Clinics originally planned for the County, just before the outbreak of the second World War, 5 have been built—Mold, Saltney, Shotton, Flint and Prestatyn. These are provided with rooms for medical, nursing and dental services, and are fully equipped. In addition, the Old Emmanuel School at Rhyl, and the former war-time Nursery at Holywell, are used for Clinic purposes, but unfortunately the accommodation in these is such that they cannot be used for medical and dental services at the same time. In other areas in the County, Clinics have to be held in Chapel School-rooms (e.g., Buckley, St. Asaph and Caergwrle) or in Village Institutes (Caerwys and Penley), and these premises cannot be regarded as satisfactory.

TABLE 4

GROUP 1.—DISEASES OF THE SKIN.

(excluding Uncleanliness, for which see Table 3).

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm—(i) Scalp	—	1
(ii) Body	4	—
Scabies	5	4
Impetigo	67	10
Other Skin Diseases	89	62
Total ...	165	77

TABLE 4 (continued)

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	40	37
Errors of Refraction (including squint)	673	—
Total ...	713	37
Number of pupils for whom spectacles were :—		
(a) Prescribed	*392	—
(b) Obtained	*392	—
Total ...	*392	—

* Including cases dealt with under arrangements with the supplementary Ophthalmic Services.

From the commencement of the year until the 30th June, four Ophthalmic Clinics were held in each month by Mr. Shuttleworth, the Ophthalmic Specialist, at Rhyl, Shotton, Holywell and Mold.

Since the 1st July, however, Ophthalmic Clinics have been conducted fortnightly by Mr. Shuttleworth at the Mold and Shotton Clinics, and by Mr. Lyons, Ophthalmic Specialist, at the Holywell and Rhyl Clinics. As a result, children found to be suffering from visual defect are seen without delay and there are now no lengthy waiting lists as was previously the case when these Clinics were held only at monthly intervals.

Brief reports from Mr. Shuttleworth and Mr. Lyons on the operation of these Clinics are given below :—

"I commenced duties as Consultant Ophthalmic Surgeon to the Clwyd and Deeside Hospital Management Committee on May 31st, 1954, and took over the school children's ophthalmic clinics at Rhyl and Holywell in June of that year. These clinics have been held fortnightly and a large number of children have been examined. The attendances at the Rhyl clinic have greatly exceeded those at Holywell and it is becoming apparent that if children with visual defects are to be examined at regular intervals, as is desirable, it will be necessary, in the near future, to hold the clinic at Rhyl weekly instead of fortnightly.

A number of children suffering from squint have been referred for treatment to the Orthoptic Clinics at Chester Royal Infirmary and Prestatyn, and I am grateful to Miss Parsons, the Orthoptist-in-charge, for the co-operation received. Hospital out-patients requiring orthoptic treatment have also been referred to the Prestatyn Orthoptic Clinic and the increasing volume of ophthalmic work in the Hospital Service in the Clwyd and Deeside area is resulting in more patients being referred to the Prestatyn Clinic than can adequately be dealt with there. It is hoped that the position will shortly be eased by the establishment, by the Clwyd and Deeside Hospital Management Committee, of a main Orthoptic Clinic in the Rhyl area and a subsidiary one in Colwyn Bay. It is also hoped that it will be possible to establish an Orthoptic Clinic in the Authority's New Clinic, which is being built at Holywell.

Several children with squint have been found to require operative treatment, but since the Clwyd and Deeside Hospital Management Committee have not yet found it possible to provide the necessary beds and facilities, this treatment has not been undertaken.

EDWARD LYONS,
Consultant Ophthalmologist."

"There has been a re-organisation of ophthalmic clinics during the past year, Holywell and Rhyl Clinics having been taken over by Mr. Lyons.

I now visit both the Shotton and Mold Clinics fortnightly instead of monthly, as done formerly. As a result of this a much more efficient service has been provided, in that the children needing examination are seen much sooner than formerly, that particularly applying to the Mold Clinic. It could be said that children sent to the Shotton Clinic are usually seen on my next visit there. It is not so good in the case of the Mold Clinic, but they are now seen in a reasonable time after applying for appointment, as against a wait of some months formerly.

Another improvement in the service is with regard to in-patient operative treatment of squint in the Chester Hospitals. Early last year

I was allocated five extra beds at the City Hospital and three extra beds at the Royal Infirmary, for treatment of squint cases. This has resulted in a much quicker turnover of those children waiting for operation. Further, not so many children come on to my hospital waiting list now, because of Mr. Lyons taking over two of the Clinics. I expect the position to get better still as time passes, and I am hopeful that eventually it will be possible to admit children within a week or two of it being decided that operation is necessary.

As far as I am concerned, the Clinics function extremely well, and there is an efficient and helpful staff. I am really very pleased with everything and I feel that the children are well looked after. I should not omit to mention the very close co-operation with the Orthoptic Department at the Royal Infirmary and the great interest taken in the children by the staff there.

A. C. SHUTTLEWORTH."

In connection with the treatment of cases of squint, it is necessary to state here that with the co-operation of the Clwyd and Deeside Hospital Management Committee and the Chester and District Hospital Management Committee, an **Orthoptic Clinic** was established in the Authority's Clinic at Prestatyn. This had been necessary as the Orthoptic Clinic at the Royal Infirmary Chester, was being seriously overloaded with children from Flintshire and Denbighshire, and children from the Western end of Flintshire and the Colwyn Bay area of Denbighshire could not attend as frequently as was necessary because of the long distance they had to travel. The Orthoptic Clinic at Prestatyn is an out-post of the Chester Clinic, and Miss Parsons, the Orthoptist, reports as follows :

"The Service has worked smoothly during the year. One noteworthy feature has been the very great increase in the number of squint operations performed during the year. This is the result of the provision of a small ward specially for Mr. Shuttleworth, for squint operations at the City Hospital, and increased facilities at Chester Infirmary. Our usual procedure is to get the six year olds and younger into the Children's Ward at the Chester Infirmary; seven to eleven group to the City Hospital.

I should also like to emphasise the importance that we attach to seeing children in the Orthoptic Department as soon as possible after the onset of the squint, and appreciate the help of the Infant Welfare Clinic in picking out the early cases.

I should also like once again to pay tribute to the co-operation and help I receive from you and from your Health Visitors.

K. M. PARSONS,
Orthoptist-in-charge."

THE CHESTER ROYAL INFIRMARY.
ORTHOPTIC DEPARTMENT ANALYSIS, 1954.

School Children only.

	Chester.	Prestatyn.
Number of Flintshire children who attended in the year 1954 ...	420	—
Number of attendances for the year 1954	2035	381
Number of squint operations performed on Flintshire children at Chester Royal Infirmary	52	

TABLE 4 (continued).

GROUP 3.—DISEASES AND DEFECTS OF EAR,
NOSE AND THROAT.

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	21
(b) for adenoids & chronic tonsillitis	—	495
(c) for other nose & throat conditions	—	71
Received other forms of treatment ...	48	109
Total ...	48	696

The number of children who received operative treatment for adenoids and chronic tonsillitis still remains high—495, but it must be remembered that 1,210 children were found at routine and special medical inspection to have defects of the nose and throat that required treatment. Many of these children were kept under observation by the School Medical Officers at minor ailment clinics and later did not require operative treatment. Others were referred to Ear, Nose and Throat Consultants, who prescribed treatment in some cases and carried out operative treatment in other cases.

No child has operative treatment for tonsils and adenoids until kept under observation for some time, or unless non-surgical treatment has failed,

There is close co-operation between the various Ear, Nose and Throat Consultants and the School Medical Service, and children are seen at the nearest hospital to their home address.

Orthopædic.—Orthopædic clinics are held at Holywell, Rhyl and Shotton. Particulars of the days and times of opening are given on page 6 of this report.

At each Clinic there is a Voluntary Committee who attend each opening and who have, for many years, given valuable service.

This is an example of the way we want voluntary efforts to continue. Such help by voluntary workers interested in the several localities is of great assistance to the Authority and I would like to record my most sincere thanks to them for their help.

Children requiring more urgent consultations are seen at Rhyl and Chester hospitals and when necessary are admitted to orthopædic beds and receive out-patient treatment at these Centres.

The statistics as regards the number of children treated at clinics refer only to children treated at Clinics within the County (Shotton, Holywell and Rhyl). Some Flintshire children also attend the Clinics at Wrexham and Denbigh, but it is not possible to obtain statistics of these as the methods of record keeping at the Hospital have been altered. These Clinics are staffed by a Surgeon and the After-care Sisters from the Robert Jones & Agnes Hunt Orthopædic Hospital, Gobowen.

Other Flintshire children are referred by general practitioners to the Orthopædic surgeons at hospitals in Liverpool, Chester, Wrexham and Rhyl.

TABLE 4 (continued).

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases treated	
	by the Authority	Otherwise
(a) Number treated as in-patients in hospitals	—	16
(b) Number of attendances of pupils treated otherwise, e.g., in clinics or out-patient departments	—	1074

TABLE 4 (continued).
GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	61

The statistics given above represent the number of Flintshire children who attended the Child Guidance Clinic and Centre held weekly at the Old Emmanuel School, Rhyl. This Centre is the only one established **within** the County, but children from the eastern part of the County are referred to a similar Centre at Wrexham. These two clinics and centres and other centres in North Wales, are staffed by a team consisting of Child Psychiatrist, Psychologist, and Psychiatric Social Worker from the North Wales Hospital for Mental and Nervous Disorders. The morning session is in the nature of a Child Psychiatric **Clinic**, while the afternoon session is in the nature of a Child Guidance **Centre**. This distinction must be borne in mind, as although Clinic and Centre are staffed by the same team of experts, the Clinic is the responsibility of the Regional Hospital Board, while the Centre is the responsibility of the Local Education Authority.

The following extract from the report of Dr. Simmons, the Child Psychiatrist, will be of interest to the Committee :—

“There were no major changes in the activities of the Clinics during the past year. The total volume of work which can be carried is determined by the number of workers available. There has been practically no change in the numerical strength of the staff since the Clinics started to function as an independent unit five years ago and, consequently, there have been only minor variations in the numbers of children with whom we could deal.

Diagnostic waiting lists were short but treatment vacancies arose at very lengthy intervals only.

At the Rhyl Clinic we continued to enjoy good facilities for the examination and the treatment of children, in addition to having a very adequate room for interviewing parents. At Bangor and, to a lesser extent, at Wrexham, on the other hand, we were hampered by unsatisfactory working conditions. The Regional Hospital Board are now considering the provision of adequate premises at Bangor, and we hope that the relatively minor alterations required at the Wrexham premises will be carried out soon.

At Colwyn we were able to occupy "Bod Difyr," a medium-sized house, which has been acquired for our use as a central office and clinic. It was a new experience to have premises of our own available at all times and fully equipped to suit the highly specialised needs of our Clinics. We are deeply appreciative of the facilities which have been made available to us here and look forward to a considerable growth in the work of the Clinic.

Establishment of a Service for Educationally Handicapped Children

Dullness and backwardness are important causes of emotional maladjustment and of delinquency. Early detection of subnormality and abnormality is probably the most effective means of preventing breakdown in the educational, psychological and social fields.

With these points in mind the Management Committee held discussions with the Education Authorities of the Counties of Anglesey, Caernarvon, Denbigh, Flint and Merioneth, on the ways in which an extended service might be provided quickly and economically.

Agreement in principle on all points was reached and I trust that the Regional Hospital Board, who are now considering the proposed scheme, will give it their support.

Provision of a Residential Hostel

No schools or hostels for the placement of children in need of residential treatment are available in North Wales. Vacancies have to be sought in England, often far away from the children's homes.

This is considered to be an undesirable state of affairs. The shortcomings which an English school may have as far as the treatment of a Welsh child is concerned are too obvious to require elaboration. Of equal importance is the fact that, in practice, it is impossible for us to have personal knowledge of the methods and the approach to children's difficulties, of the many schools to which children are sent, or to maintain a regular contact with them while treatment proceeds.

It is thought that a hostel, centrally situated, might go a long way to meet the present needs of the area and a recommendation to that effect has been made to the Regional Hospital Board. It should be appreciated, at the same time, that a hostel could accommodate only children who are able to attend local schools, and thought might perhaps be given to the setting up of an establishment where residential treatment, plus teaching, could be provided, and which could also serve as an observation unit.

Information on Clinics

Weekly Clinics are held at Bangor, Colwyn, Rhyl and Wrexham. These are attended by 'a team' of workers, viz: Psychiatrist, Psychologist and Psychiatric Social Worker,

The initial examination of a child at a Clinic occupies from one and a half to two hours, during which he is, as a rule, examined first by the Psychologist and then by the Psychiatrist. During this time the Psychiatric Social Worker interviews the mother. Approximately three-quarters of an hour are allowed for further examinations and for treatment interviews.

The adherence to a strict time-table occupies a definite place in the treatment programme of the children. As a consequence we can see children by appointment only. Incidentally, this ensures that neither they, nor the parents or guardians, are kept waiting for more than a very short period of time.

Dr. T. G. Williams sees children on one afternoon a month at Dolgelley. Of necessity the work has to be largely diagnostic in nature. Mr. W. R. Jones carries out intelligence and scholastic tests as considered necessary, but a Psychiatric Social Worker cannot attend.

The appointment of a Psycho-therapist will make it possible for a larger number of children to receive treatment than has been the case hitherto. Every newly-referred child has to be examined by the Psychiatrist, however, and this will continue to impose a strict limit on the number of centres which can be visited.

Staffing

Psychiatrists. A vacancy on the establishment for a Registrar in Psychiatry could not be filled and I have continued to work single-handed at the four weekly Clinics.

Psycho-therapist (non-medical). This post was added to the establishment during the year and Miss C. L. Sim was appointed in September. She could not, however, take over her duties until 1st January, 1955.

Miss Sim is a qualified Psychologist with many years experience of the work of Child Guidance Clinics and the treatment of children.

Psychologists. Mrs. C. Williams left in June to take up a post near London. Dr. G. A. V. Morgan took her place in September and he is responsible for the work of his speciality within the Clinic Service. He attends weekly at Colwyn, Rhyl and Wrexham, and at Bangor when required. School visits form part of his duties and, unfortunately, he has to cover the whole area as no other Psychologist is available for this purpose.

Dr. Morgan has had considerable practical experience of teaching and of psychological work in its clinical and research aspects. His knowledge of Welsh is a great asset in his work at the Clinics and in his contacts with teachers.

Dr. Rogers and Mr. W. R. Jones, Lecturers in the Department of Education of the University College of North Wales, continued to give

us a total of two sessions per week at the Bangor Clinic. Mr. Miles returned in October after an absence of a year, during which he undertook a course of post-graduate training at the Tavistock Clinic, London.

Psychiatric Social Workers. A vacancy for a third Psychiatric Social Worker could not be filled and as a result Mr. J. S. Midwinter and Miss M. K. Pretty have continued to attend weekly at the Bangor and Colwyn, and the Rhyl and Wrexham Clinics respectively. They are also responsible for home visits and the general field work in the areas covered by these Clinics, and for a fair deal of office work.

A third worker, if appointed, would allow of a considerable reduction in the size of the areas to be covered by the Psychiatric Social Workers. If no appointment can be made it may become necessary to cut down the number of home visits severely.

Sources of Referral

The following table will give a picture of the extent to which various agencies used the Service. All children referred during the year are included, but not all of them were examined.

Referring Agency	COUNTIES					
	Angl.	Caerns.	Denbs.	Flints.	Merion.	Total
School Medical Officers	10	50	23	15	10	108
General Practitioners ..	5	12	15	22	4	58
Consultant Pædiatricians	3	4	7	2	1	17
Other Medical Specialists	2	1	3	4	—	10
Courts and Probation Officers	—	3	10	6	1	20
Other Social Workers ..	—	—	10	—	—	10
Parents	1	6	3	2	—	12
All Agencies	21	76	71	51	16	235

Note:—It would be highly instructive for us to know who takes the **first step** in the process which leads to the referral of children to the clinics. We would then be able to see which sections of the community are insufficiently familiar with our work or, for other reasons, cannot accept it. This might allow us to take appropriate action and, in particular, to strengthen our contacts with the outside bodies or individuals concerned.

Causes of Referral

The variety of difficulties for which referral is made may be gathered from the table which follows. The main symptoms, as stated by the referring agencies, are listed. All referrals received during 1954 are included.

Behaviour, difficult and aggressive (9) violent, spiteful (3) beyond control (4)	16
Truanting from home (2) truanting from school (2) truanting with other symptoms (2)	6
Pilfering and stealing (6) stealing and lying with other symptoms (3) larceny (4) larceny with other symptoms (1) serious sexual misbehaviour (6)	20
Enuresis (23) enuresis with other symptoms (6) soiling (2) soiling with behaviour difficulties and other symptoms (3) faulty habits (1)	35
Temper tantrums, negativism, disobedience (8) emotional retardation and regression (3) maladjusted, problem child, abnormal and hysterical behaviour (7)	18
Feeding difficulties and refusal to eat (3)	3
Excitable and nervous (3) excessively nervous, sensitive, crying (8) feels inferior (1) nailbiting with other symptoms (3) ...	15
Night terrors and other sleep disturbances (6) sleep walking (4)	10
Fears, of death, the dark, other children, being locked in (4) of going to school (6) being separated from mother (2) ...	12
Habit spasms (4) tics (3) ? chorea (1)	8
Various bodily complaints (deaf, poor vision, faints, vomiting, palpitation, pains) for which no physical cause could be found on full investigation	11
Asthma with other symptoms (2) migraine with other symptoms (1)	3
Speech defects (2) stammer (4)	6
"Report required": child in special school (2) no problem stated (2) involved in serious charge in a Court of Law (4)	8
Hysteria (1) Confusion (1) "Schizoid" (2) attempted suicide (2)	6
Epilepsy with behaviour difficulties, advice on treatment or disposal (3) ? Epilepsy (3)	6
Backwardness (11) school failure (2) backward and maladjusted (8)	21
Mirror writing (1)	1
For assessment of intelligence only (21) ? Mental Defect (6)	27
For assessment of intelligence, child blind or severely spastic	2
Guidance on career	1

Limited Value of "I.Q. Figure"

It should be stressed that an "I.Q. Figure" gives us important information, but that it does not tell us everything that is to be known about a child's abilities.

Observation of the child's behaviour in the test situation, of the manner in which he tackles the tasks which are given him, careful scrutiny of the test scores and clinical interview by a skilled worker, are also required if we wish to gain a full understanding of his strengths and weaknesses, and of the ways in which he is likely to use his assets in school and life in general.

Importance of Referral of Young Children

The numbers of children of average or higher intelligence, in the lower age groups were small, once again. In Child Guidance work, as in other branches of medicine, prospects of speedy and full recovery recede as time passes. Late referral often means that we have to deal with the specific difficulties for which the child is sent to us and, in addition, with the feelings, often very strong, of children, and parents who have come to think that they have failed in their respective tasks. The majority of emotional disturbances of childhood arise during the pre-school years and become manifest between the ages of five and eight, at the latest. They would, with benefit, be treated then, before faulty behaviour patterns have become firmly established and difficult to modify.

Importance of Early Recognition of Dullness

It has been mentioned earlier that it is thought that many less well-endowed children become emotionally disturbed or get into conflict with the Law, because their intellectual limitations are not recognised early enough, or because the implications of dullness are not completely understood. The early recognition of the difficulties these children have and the provision of suitable teaching for them are major tasks of Education Authorities all over the country. This is so not only because of humanitarian considerations but also because it is known that even very dull children, if taught and trained well enough, can make a positive contribution to the welfare of the community instead of becoming a drain on its resources.

E. SIMMONS,
Consultant Child Psychiatrist."

Speech Therapy.—Miss Ritson, the Speech Therapist, continued to give part-time service throughout the year. Clinics were held at Mold and Prestatyn. In February of this year an additional weekly clinic has been held at Shotton.

Children in the Maelor area have also received treatment this year at Hanmer and Talwrn Green schools. Miss Ritson informed me that several children in the Maelor area were in need of speech therapy, and I agreed that one of the sessions at Mold should be given to the treatment of these children.

Parents and Head Teachers have remarked on the value of these clinics at each Centre. I am very grateful to Miss Ritson for the excellent work she does and for the great interest and hard work that she puts into the Service.

TABLE 4 (continued).

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	162	—

I have great pleasure in appending a report from Miss Ritson on the work carried out by her during 1954 :—

MOLD

Total Cases given attention	...	...	...	...	67
Total Cases discharged	...	...	...	...	39
Current Cases attending — 31/12/54	...	...	...	...	28

Details of Cases**Current Cases 31/12/54**

Admitted, 1952-53	...	...	...	...	...	5
Stutterers	...	...	...	...	...	1
Cleft Palate	...	...	...	...	...	1
Dyslalia	...	...	...	...	...	2
Spastic Quadraplegia, Dysarthria and probable Mental Deficiency	...	...	...	...	...	1
Total	...	...	...	...	...	5

Results, 31/12/45

5 Stutterers — Improved.			
3 Stutterers — On observation.			
1 Stutterer — No improvement owing to erratic attendance and lack of carrying out of treatment.			
1 Simple Dyslalia — Improved.			
1 General Dyslalia — Improved.			
2 General Dyslalia — On observation.			
1 Deaf — Slow improvement.			
1 Dysarthria — Slow improvement.			
1 Perseveratic — On observation.			
Total Current Cases admitted 1952-53	...	...	5
Total Current Cases admitted 1953-54	5
Total Current Cases admitted 1954-55	18

Total Current Cases	28
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Details of Discharges, 1954

Stutterers	10
Simple Dyslalia	2
Hyporhyndalia	2
General Dyslalia	...	...	...	...	...	...	7
Multiple Dyslalia	...	...	...	...	...	...	3
Cleft Palate	...	...	...	...	...	...	2
Strephosymbolic + General Dyslalia	...	...	...	...	...	...	1
Dysarthria	...	...	...	...	...	...	1
Not requiring treatment — speech normal	...	...	...	...	...	...	2
Non-attendance after first interview	...	...	...	...	...	...	1
Non-attendance of first interview	...	...	...	...	...	...	8
Total discharges	...	...	...	...	...	...	39

Results Before Discharge of Treated Cases

- 1 Stutterer — Speech normal.
- 4 Stutterers — Speech improved, but too erratic attendance to benefit further.
- 4 Stutterers — Non-attendance after a few treatments — no improvement.
- 1 Stutterer — Improved — transferred to Alder Hey for treatment, as he was attending there, in any event, for Enuresis.
- 2 Simple Dyslalia — Speech normal.
- 2 Hyporhyndalia — Speech normal.
- 3 General Dyslalia — Improved — too erratic attendance to benefit further.
- 4 General Dyslalia — Speech normal.

2 Multiple Dyslalia — Speech normal.	
1 Multiple Dyslalia — Considerable improvement — child very backward generally — to be discharged for two years only, when she should be able to benefit again from further treatment.	
1 Cleft Palate — Improved — but no work done, apart from Clinic, to warrant further treatment.	
1 Cleft Palate — Obtaining treatment privately.	
1 General Dyslalia and Strophosymbolia — Speech normal, but there is great difficulty still with reading patterns and spelling.	
1 Dysarthria — Improved.	
Total treated and discharged	28
Total seen but not treated regularly	43
Total not seen owing to non-attendance at first interview	8
	—
Total discharged	39
	—

Attendance and co-operation of parents, on the whole, has been good, except for the few cases of non-attendance, which all are centered around the Ffrith area which is, of course, difficult of access.

Since July 20th, only a Morning Clinic has been held in Mold, the Afternoon Clinic has been in the Maelor area, in which quite a number of children need treatment. A waiting list has accumulated at Mold since July, but it should be cleared in the next six weeks.

PRESTATYN

Total Cases given attention	50
Total Cases discharged	25
Total Cases attending, 31/12/54	25

Details of Cases

Current Cases

Admitted 1952-53:

Stutterer	1
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Result, 31/12/54

Stutterer — Improved, but great fluctuation, depending on physical condition and time spent in carrying out treatment.

Admitted 1953-54	4
Stutterers	2
General Dyslalia	2
	—

Total 4

Results, 31/12/54

2 Stutterers — Improved.								
2 General Dyslalia — Improved.								
Admitted 1954-55	...	...	...	...	...	...	...	20
Stutterers	...	...	...	...	...	...	...	5
General Dyslalia	...	...	...	...	...	...	...	8
Rotarism	...	...	...	...	...	...	...	2
Cleft Palate	...	...	...	...	...	...	...	1
Multiple Dyslalia	...	...	...	...	...	...	...	2
Alalia	...	...	...	...	...	...	...	1
? Deaf	...	...	...	...	...	...	...	1
Total								20

Results, 31/12/54

3 Stutterers — Improved.								
2 Stutterers — On observation.								
5 General Dyslalia — Improved.								
3 General Dyslalia — No improvement.								
2 Rotarisms — Improved.								
1 Cleft Palate — Improved.								
2 Multiple Dyslalia — Improved.								
1 Alalia — Improved.								
1 ? Deaf — No improvement.								
Details of Discharges, 1954	...	...	...	...	...	...	...	25
Stutterers	...	...	...	...	...	...	...	7
General Dyslalia	...	...	...	...	...	...	...	6
Cleft Palate	...	...	...	...	...	...	...	3
Dysarthria	...	...	...	...	...	...	...	1
Alalia	...	...	...	...	...	...	...	2
Non-attendance of first interview	...	...	...	...	...	...	...	6
Total discharged								25

Results Before Discharge of Treated Cases

4 Stutterers — Speech normal.								
2 Stutterers — Improved — left school.								
1 Stutterer — Improved — too erratic attendance to benefit further.								
4 General Dyslalia — Speech normal.								
1 General Dyslalia — Non-attendance after first interview.								
1 Dysarthria — Speech normal.								
1 General Dyslalia — Improved — moved and name and address not known.								
1 Cleft Palate — Speech normal as possible.								
2 Cleft Palate — Improved, too erratic attendance to benefit further.								
2 Alalia — Speech normal.								

Attendance at the Prestatyn Clinic is very erratic on the whole, the people from a distance being the most constant attenders. Co-operation from parents in this area, too, is very variable and owing to these circumstances, improvement tends to be slower and movements of patients less, than in other Speech Clinics in the County.

SHOTTON

Analysis of Work Done

Total Cases given attention	...	...	...	...	33
Total Cases discharged	18
Total Current Cases, 31/12/54	15

Details of Cases

Admitted 1954	15
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Current Cases

General Dyslalia	8
Stutterers	3
Simple Dyslalia	2
Multiple Dyslalia	1
Spastic Quadruplegia	...	...	...	...	...	1
Total						15

Results, 31/12/54

- 7 General Dyslalia — Improved.
- 1 General Dyslalia — No improvement.
- 2 Stutterers — Improved.
- 1 Stutterer — No improvement.
- 1 Simple Dyslalia — Improved.
- 1 Simple Dyslalia — No improvement.
- 1 Multiple Dyslalia — Improved.
- 1 Spastic Quadruplegia — Improved.

Details of Discharges, 1954

Total Cases Discharged	...	...	...	...	...	18
Stutterers	...	...	...	...	...	6
Simple Dyslalia	...	...	...	...	...	2
General Dyslalia	...	...	...	...	...	6
Multiple Dyslalia	...	...	...	...	...	1
Treatment not necessary	...	...	...	...	...	1
Non-attendance of first appointment	...	...	...	...	...	2
Total discharged						18

Results, 31/12/54

- 3 Stutterers — Speech normal.
- 1 Stutterer — Too erratic attendance to benefit.
- 2 Stutterers — Non-attendance after first interview.
- 1 Simple Dyslalia — Speech normal.
- 1 Simple Dyslalia — Non-attendance after first interview.
- 6 General Dyslalia — Speech normal.
- 1 Multiple Dyslalia — Speech normal.
- 1 treatment unnecessary.

This Clinic was opened on 4th February, 1954. Attendance has been, on the whole good, and co-operation of parents most encouraging.

MAELOR DISTRICT

Total Cases given attention	...	...	...	...	12
Total Cases for Talwrn Green	...	...	...	...	8
Total Cases for Penley	...	...	...	...	4

Talwrn Green**Details of Cases**

General Dyslalia	...	...	...	...	...	4
Stutter and Dyslalia	2
Stutter	1
Idioglossia	1

Penley

Stutter	3
Simple Dyslalia	1

Total	12
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Results, 31/12/54**Talwrn Green**

- 2 General Dyslalia — improved.
- 2 General Dyslalia discharged — speech normal.
- 2 Stutterers and Dyslalia — Improved.
- 1 Stutterer — Improved.
- 1 Idioglossia discharged — Untreatable.

Penley

- 2 Stutterers — Slight improvement.
- 1 Stutterer — Only interviewed. Could not arrange transport.
- 1 Simple Dyslalia — Attending private school — does not need speech therapy.

Speech Therapy was begun in the Maelor district on 8/9/54. Owing to the scattered nature of the villages and the poor public transport between them, the solution has been for the Therapist to

treat children in one school at a time. There has been good co-operation from parents and school in Talwrn Green, and results there show progress. After 11/1/55 treatment will be given fortnightly at Talwrn Green and on the alternative week children at Hanmer school will be given treatment.

The Speech Therapist would like to thank the staff of all the Clinics, Schools, and the office, with whom she has had contact, for all the help given in the past year, which has made working in Flintshire such a pleasure.

RUTH E. RITSON,
Speech Therapist."

TABLE 4 (continued).

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	212	94
(b) Other :—		
(1) Cervical glands	6	12
(2) Heart and circulation ...	2	23
(3) Lungs	10	100
(4) Development	—	36
(5) Nervous system	7	32
Total ...	247	297

Dental Inspection and Treatment.—The following statistics in Table 5 relate to the work carried out by one full-time Dental Officer and three part-time Dental Officers until 4th October, 1954. After that date, two full-time Dental Officers and three part-time Dental Officers were employed. The part-time Officers held 491 three-hourly sessions.

In addition to the statistics that follow, I have pleasure in appending the report of Mr. Fielding, Principal School Dental Officer.

TABLE 5.
DENTAL INSPECTION AND TREATMENT.

Description.							Number.
Pupils inspected by the Authority's Dental Officers :—							
Periodic Age Groups	...	...	...	...	...	...	5950
Specials	...	...	...	...	...	...	1404
Total (Periodic and Specials)	...	...	...	...	...	...	7354
Found to require treatment	...	...	...	...	...	...	6329
Number referred for treatment	...	...	...	...	...	...	6149
Actually treated	...	...	...	...	...	...	4521
Attendances made by pupils for treatment	...	...	...	...	...	...	5980
Half-days devoted to—							
Inspection	...	...	...	...	...	...	81
Treatment	...	...	...	...	...	...	733
Total (Half-days)	...	...	...	...	...	...	814
Fillings—							
Permanent Teeth	...	...	...	...	...	...	1642
Temporary Teeth	...	...	...	...	...	...	21
Number of Teeth filled :							
Permanent Teeth	...	...	...	...	...	...	1359
Temporary Teeth	...	...	...	...	...	...	16
Extractions—							
Permanent Teeth	...	...	...	...	...	...	1478
Temporary Teeth	...	...	...	...	...	...	7286
Administrations of general anæsthetics for extraction	...	...	...	...	...	...	3482
Other Operations—							
Permanent Teeth	...	...	...	...	...	...	855
Temporary Teeth	...	...	...	...	...	...	627

SCHOOL DENTAL SERVICE, 1954

"For some years, Flintshire, like many Local Authorities, has suffered from a shortage of Dental Officers and in many parts of the county the confidence, built up in the past years in the School Dental Service, has decreased considerably. In fact, many children in the county have no knowledge whatsoever of the School Dental Service, either for inspection or treatment.

During 1954, however, it has been possible to obtain some additional help, though prospects of obtaining full-time Dental Officers are still more than difficult. In fact, when it is realised that the two dozen or so advertisements that appear fortnightly in the British Dental Journal, altogether, probably, receive no more than half a dozen replies, it will be seen how difficult it is to build up a complement of full-time Dental Officers. It would appear, therefore, that our only immediate possibility is to rely on the services of part-time Dental Surgeons, on a sessional basis, whilst not relaxing our efforts to obtain full-time staff.

We have, however, managed to carry out Dental Inspections at most of the schools in East Flintshire, and the Saltney Clinic has been re-opened after several years closure, and apart from routine inspections and treatment, a morning has been set aside when schools and parents know they can send children for emergency treatment. During the next few months we hope to provide emergency treatment at our other Clinics at Prestatyn, Holywell and, if premises are available, at Rhyl. The amount of time spent in each Clinic will be governed by the staff available, as it seems very unfair to provide a full Dental Service in one area and no facilities in another; and it is also much easier to expand a service than to re-establish one.

Arrangements are being made to carry out treatment in the Maelor Area, after an absence of three years, and later, when Clinic facilities are available, we hope to provide an emergency service in that part of the county.

We have made arrangements for children to be provided with dentures, where necessary, and also introduced an Orthodontic Service on a limited scale, but these must be regarded as luxury services until more time is available; extractions where needed and fillings for the county, as a whole, should come before specialised treatment for the few.

Additional equipment has been obtained to bring the Clinics up to a reasonable standard, and treatment in schools has been largely discontinued, for with the high inducements to Dental Surgeons to

enter other fields of work, the day has passed when a Dental Officer is prepared to work under adverse conditions, with portable equipment.

It is regretted that so many children are unwilling to spend the few minutes required each day to keep their teeth clean. Although clean teeth themselves are no guarantee for a sound dentition, there is no doubt that oral hygiene is an essential supplement to present-day foods, and a considerable amount of toothache would be prevented by the children themselves.

Finally, I should like to extend my thanks to Mr. L. E. Hanson, who, for several years, has been the only full-time Dental Officer, for his willing help and co-operation during my early months in the county.

A. FIELDING."

E.—SCHOOL PREMISES.

At the time of periodic medical inspection of pupils, assistant medical officers inspect the sanitary conditions of the schools, and report matters which are unsatisfactory. In addition, the County Sanitary Inspector also visits, and in some areas the District Sanitary Inspectors also inspect.

Reports on unsatisfactory conditions such as overcrowding, lack of adequate cloakroom and lavatory accommodation, inadequate heating, unsuitable desks, etc., etc., are forwarded to the Director of Education and at the same time to the County Architect, who can often give immediate attention to the more urgent defects without having to wait for the report to be presented to the appropriate Committee.

F.—SCHOOL MILK.

Milk is a very valuable supplement to the diet of children and the provision of milk in schools had contributed to the improved standard of nutrition and health of children in recent years.

Every possible care has been taken to ensure that the milk has been free of infection and of good quality.

During the year 120 samples of school milk were taken by Mr. Lewis, the County Sanitary Inspector, for chemical and bacteriological examination.

All the milk supplied to schools in the County is pasteurised.

G.—SCHOOL CANTEENS.

I have pleasure in attaching a brief report from Mr. Elwyn Lewis, the County Sanitary Inspector.

“During the past year inspections were made of most of the school meals canteens and attention was paid to the structural condition of the premises; the hygienic handling, storing and distribution of the food; the cleansing of utensils and crockery; the storage and disposal of waste food; staff cloakrooms and conveniences.

Any matter requiring attention was referred to the Education Department and every endeavour was made to work in co-operation with the School Meals' Manager, Mr. Parry, and his staff.

Over 11,000 meals are served daily by the Schools Meals Service, and it speaks highly of the kitchen staffs that there have been no outbreaks of food poisoning attributed to the school meals for some years. The majority of the kitchens were scrupulously clean, especially those in the older buildings where the layout of equipment and poor ventilation made working conditions difficult for the staff.

There is still a small number of canteen cloakroom wash-basins without a permanent supply of hot water, and it is to be hoped that this essential need will be provided soon.

The wearing of suitable headwear by the kitchen staff presents a problem in many canteens in that some of the staff will not wear them.

Another problem which deserves serious consideration, is that of the free use of overalls. I have recommended for some time past, that free overalls should be issued to the catering staff. I realise that the supply and laundering of these garments will be an expensive item, but I consider that it will be money well spent.

It was found necessary to draw the attention of some of the staff to the risks involved when storing and using gravies, custards and other foods which have been left over from the previous day.

There are now 30 butchers supplying meat to the school meal service, and it is right to say that the quality of the meat provided has improved since this new system of contracting was introduced.

It is hoped to arrange lecture demonstrations for school meals tradesmen during the coming year.

E. LEWIS,
County Sanitary Inspector.”

